



4337 State Road 14, Santa Fe, NM 87508 - PO Box 27116, Santa Fe, NM 87502-0116
Phone: 505.827.8645 Fax: 505.827.8533 www.cd.nm.gov

INITIAL VOLUNTEER Application Packet

*****Please note this packet is only for volunteers who haven't completed a face-to-face volunteer training in the past year. If you have completed a face-to-face volunteer training in the past year, you must complete the Renewal Volunteer Application Packet instead. Failure to follow this process may result in suspension of your volunteer privileges.*****

Department Use:

Date Application Received

Please print in blue ink or Type

Last	First	Middle	Maiden Name or other Names Known by
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Address	City	State	Zip Code
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Phone _____ Email Address _____ @ _____

Driver's License or State ID Card Information – Please provide a copy of your driver's license

Age	Date of Birth (Month, Day, Year)	Race	Gender	ID Type
	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Issuing State		ID Number	SSN	

Emergency Contact Information

Last	First	Relationship	Address
City	State	Zip Code	Phone

Motor Vehicle Insurance Information

This is to certify that I have adequate motor vehicle liability insurance. My motor vehicle is insured according to the New Mexico Mandatory Financial Responsibility Act with:

Company name: _____ Policy number: _____

Medical Information

Do you have any allergies or medical conditions that may cause a medical alert? **Yes**____ **No**____

If yes, and you wish to disclose the information, please list the allergy or medical condition. _____

Interests

Your interest in volunteering with the Department of Corrections is for: (Circle one or more)

Public/Community Service

Future Employment

Internship

Assignment Preferences:

(Circle one or more skill areas)

Academic

Behavioral Health

Career Technical

Cognitive

Clerical Support

Employee Assistance

Health Wellness

Interpersonal

Parenting

Recreation

Reentry

Religious

Name of Volunteer Program/Ministry/Religious organization _____

Name of Group Leader _____ Contact Phone number _____

Address of Volunteer Program/Ministry/Religious organization: _____

Group Leader/Supervisor/Pastor Signature _____ Print _____

****Professional Services Description** _____

****If you are applying to provide a professional service, please cite your credentials, such as certification, license, etc. Attach copies of license or certification.**

Availability

When would you be able to provide volunteer services? **(Circle one or more)**

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Weekly ? _____ No of days a month _____ From _____ (time) to _____ (time).

Beginning _____ (date) until _____ (date).

Application Questions

Do you have a relationship (e.g. parent, spouse, friend, etc.) with or are you on the visiting list of any person currently in NMCD custody and/or on probation and/or parole supervision. **Yes**____ **No**____

If yes, please explain the nature of the relationship, give the name of the person, inmate number, and assigned location.

Have you ever been incarcerated or on probation and/or parole supervision? **Yes**____ **No** ____

If yes, please explain the incarceration and/or supervision and provide the dates and locations. Please note: omissions may be cause for termination or denial. **(Former offenders are not necessarily excluded from participating as volunteers.)**

Are you currently volunteering at any other correctional agency (e.g. county jail, federal prison, etc.)? **Yes**____ **No** ____

If yes, name of agency _____ Supervisor _____

Do you have any special knowledge about the criminal justice system or this assignment that you gained through education or experience? If yes, please list by date, giving the name of your supervisor or instructor, his/her phone number, and a brief description of your prior work experience.

How do you feel about the New Mexico Corrections Department can help offenders change their pattern of criminal and/or violent behavior?

Provide a brief summary of your interests and desired outcome as a volunteer with the New Mexico Corrections Department. (What do you see as your role?)

Select which correctional facility/recovery academy would you prefer to volunteer?

____ Central New Mexico Correctional Facility (CNMCF)	____ Springer Correctional Center (SCC)
____ Southern New Mexico Correctional Facility (SNMCF)	____ Roswell Correctional Center (RCC)
____ Western New Mexico Correctional Facility (WNMCF)	____ Penitentiary of New Mexico (PNM)
____ Northeastern New Mexico Detention Facility (NENMDF)	____ Otero County Prison Facility (OCPF)
____ Northwestern New Mexico Correctional Center (NNMCC)	____ Lea County Correctional Facility (LCCF)
____ Guadalupe County Correctional Facility (GCCF)	____ New Mexico Men's Recovery Academy (NMMRA)
____ New Mexico Women's Recovery Academy (NMWRA)	____ The Pavilions

Qualified applicants receive consideration without discrimination based on marital status, race, color, creed, national origin, age, or the presence of a non-service related handicap.

PLEASE NOTE: In signing this application, an applicant agrees to the following conditions of acceptance as a volunteer:

- A. Be 18 years of age or older and submit proof of age, if required.
- B. Submit proof of credentials when providing professional services.
- C. Meet attendance and performance commitments.
- D. Receive no monetary compensation for their services, except as provided for selected programs and services.
- E. Complete mandatory volunteer and site-specific orientation, and/or other training as required.
- F. Conform to other New Mexico Corrections Department policies, regulations, and instructions.

Please read carefully before you sign this application. False statements on this application shall be sufficient cause for termination.

Application Signature

Date

Deputy Warden or their designee

Date

American Correctional Association Code of Ethics

Relationships with clients/colleagues/other professions/the public --

- Members will respect and protect the civil and legal rights of all clients.
- Members will serve each case with appropriate concern for the client's welfare and with no purpose of personal gain.
- Relationships with colleagues will be of such character as to promote mutual respect within the profession and improvement of its quality of service.
- Statements critical of colleagues or their agencies will be made only as these are verifiable and constructive in purpose.
- Members will respect the importance of all elements of the criminal justice system and cultivate a professional cooperation with each segment.
- Subject to client's rights of privacy, members will respect the public's right to know, and will share information with the public with openness and candor.
- Members will respect and protect the right of the public to be safeguarded from criminal activity.

Professional conduct/practices --

- No member will use his/her official position to secure special privileges or advantages.
- No member, while acting in an official capacity, will allow personal interest to impair objectivity in the performance of duty.
- No member will use his/her official position to promote any partisan political purposes.
- No member will accept any gift or favor of such nature to imply an obligation that is inconsistent with the free and objective exercise of professional responsibilities.
- In any public statement, members will clearly distinguish between those that are personal views and those that are statements and positions on behalf of the agency.
- Members will be diligent in their responsibility to record and make available for review any and all case information that could contribute to sound decisions affecting a client or public safety.
- Each member will report, without reservation, any corrupt or unethical behavior which could affect either a client or public safety.
- Members will not discriminate against any client, employee, or prospective employee on the basis of race, sex, creed, religion or national origin.
- Members will maintain the integrity of private information; they will neither seek personal data beyond that needed to perform their responsibilities, nor reveal case information to anyone not having proper professional use for such.
- Any member who is responsible for agency actions will make all appointments, promotions, or dismissals only on the basis of merit and not in the furtherance of partisan political interests.

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Acknowledgement

I acknowledge that I have read and understand all of the above.

Volunteer: _____/_____
(Print) (Sign) Date



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

4337 State Road 14, Santa Fe, NM 87508 - PO Box 27116, Santa Fe, NM 87502-0116
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NCIC VOLUNTEER CLEARANCE INFORMATION

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE

ALL ITEMS MUST BE FILLED OUT BEFORE THE APPLICATION WILL BE PROCESSED.

APPLICANT NAME (please print): _____

SOCIAL SECURITY: -- DOB (MM/DD/YY): //

CURRENT ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ FACILITY VOLUNTEERING AT: _____

CITY/STATE OF BIRTH: _____

STATES LIVED IN: _____

SEX: M ☐ F ☐

DRIVERS LICENSE #:

ISSUING STATE: _____

ETHNICITY:

☐ CAUCASIAN ☐ HISPANIC ☐ NATIVE AMERICAN ☐ PACIFIC ISLANDER ☐ AFRICAN AMERICAN

I, _____, UNDERSTAND AND ACKNOWLEDGE THAT OFFICIALS OF THE NEW MEXICO CORRECTIONS DEPARTMENT WILL CONDUCT BACKGROUND CHECKS AND BACKGROUND INVESTIGATIONS AS NEEDED AS A CONDITION OF MY VOLUNTEERING AT ANY AND ALL NMCD CORRECTIONAL FACILITIES.

APPLICANT SIGNATURE: _____

DATE: _____

FOR DEPARTMENT USE ONLY

THE SIGNATURE BELOW ACKNOWLEDGES THAT THE DEPUTY WARDEN/DESIGNEE HAS REVIEWED THE NCIC DOCUMENTS PRIOR TO APPROVAL/DISAPPROVAL.

FACILITY DEPUTY WARDEN/DESIGNEE: _____

DATE APPROVED: _____

DATE DISAPPROVED: _____

REASON FOR DENIAL:

